SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Plannling and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT Date Stamp (Received) SEP 052014

Baylield Co. Zoning Dept.

Permit #: Refund: Date: Amount Paid: #388 888 ė. 9-23-14

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

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	Condition	☐ Special U:	- Water # A	□ Accessor)	 Accessory Building 	☐ Addition/	☐ Mobile H	☐ Bunkhous			-			and the first of t	Residence		<u> </u>		or naridde Busa			ty	Run a Business on	Relocate (existing bldg)	sion	Addition/Alteration	New Construction	Project			erty/Land within	Is Property/Land within 300 feet of P Creek or Landward side of Floodplain?		N N	4 Gov't Lot		Application on behalf	706 6	Ž/	ı	0	→ X LAND USE
)	Conditional Use: (explain)	Special Use: (explain)		Building Addition	Building (specify)	Addition/Alteration (specify)	Mobile Home (manufactured date)	Bunkhouse w/ (☐ sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	with Loft	Residence (i.e. cabin, hunting shack, etc.	Structure (first st			is relevable to it)	3	X (pulled) X	塜	1	☐ Basement		X 1-Story + Loft	□ 1-Story	# of Stories and/or basement			X is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property/Land within 300 feet of River, Stream reek or Landward side of Floodplain? If yes-	0	N Range O O	Lot Lot(s)	(Use Tax Statement) 0		N 7	IRCLE.		VSTAFKOZ C	SANI
ni po po populario de la compansa de		A A A A A A A A A A A A A A A A A A A	and the second s	Accessory Building Addition/Alteration (specify)	ify)	ify)	d date)	or ☐ sleeping quarters, or	Garage	**************************************	and the state of t	Ť			ing shack, etc.)	Principal Structure (first structure on property)	Proposed Structure			- Conneth:		•	17			ft Year Round	¾ Seasonal	nt Use			Pond or Flowage	Stream (incl. Intermittent) If yes—continue —	NAM	Town of:	CSM Vol & Page	04-0 W 4-14-5	Agent Phone:	Contractor Phone:			Mailing Address: りんらり ATH	□ PRIVY
				(v)		- Additional Additiona	A CONTRACTOR OF THE CONTRACTOR										ure	-	7				None		3	2	×1	# of bedrooms				Distance Structure	- 'y			43.06	Agent Mailing Ad	D カシ	3 1		AT HERON NO	CONDITIONAL USE
		THE PROPERTY OF STREET			and the second s			cooking & food prep facilities)		**************************************						ABIN				Width.	□ None		Portable (w/service contract)	☐ Privy (Pit)	☐ Sanitary (Exists)	💢 (New) Sanitary	☐ Municipal/City	Sev			Distance Structure is from Shoreline :	cture is from Shoreline :	·	•	20	14000	Agent Mailing Address (include City/State/Zip):	S/20 0 55	1 8 t W		NORTH BRI	· D
)	. (<u> </u>			<u> </u>			es) (•	^	~	_	_)		3(1)	ם	1	ç			oilet	v/service cor	or Vau	1	1		What Type of Sewer/Sanitary System Is on the property?			reline :	reline :	150 %	no.	(/\o^2)	- 0	State/Zip):	2			BRANCE	SPECIAL USE
×	×	×		×	×	×	×	×	×	×	ا ان		×	×		1	Dimensions		Height:	L Dia			itract)	Ilted (min 200 gallon)	ify Type:	fy Type: 14		e of y System perty?			□ Yes Z <mark>(</mark> No	Is Property in Floodplain Zone?	000		20 C 7	11 7 S		J +	5 . P.		272	 B.O.⊅
))	_		-	_	-	_)		_		-	_	_		<u> </u>		000000000000000000000000000000000000000	ht:	1				200 gallon)		Specify Type: 11 GLD 1 NG					- X		. 6	Acreage	そなかり	Volume 11 7 5 Page(s) 25 2	Written Authorization Attached O Yes KNo	715 778	497 -	Cell Phone:	15674-4321	OTHER
								***************************************			3/2	1				544	Square Footage	(Ą			***	ı			#Well	+	Water			¥Yes √lo	Are Wetlands Present?		٥	679	Winership)	lo	758 - 33	6707		4351	ER

Authorized Agent: (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application) (If you are signing on behalf of the letter of authorization must accompany this application) Date nowledge that I (we) accept liability which o have access to the

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THE STATE OF THE S

KOCOLPALICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Address to send permit

Same

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Slove

Copy of Tax Statement Copy of Tax Statement of fyou recently purchased the property send your Recorded Deed

eta all Exres DNo Conditions Attach Conditions Attach Conditions Attach Conditions Attach Conditions Attach Conditions Attach	(1) Show location of: (2) Show Indicate: (3) Show Location of (*): (4) Show: (4) Show: (5) Show: (5) Show: (6) Show any: (7) Show any: (8) Show any: (9) Show any: (1) Show any: (2) Show any: (3) Show any: (4) Show any: (5) Show any: (7) Show any: (8) Sethack from the Centerline of Platted Road Case it: Permit Defined Chare): Permit Defined Construction of a structure more than the 100 feet of the minimum results that the Suphia Composting) Permit Defined Construction of a structure more than the 100 feet of the minimum results that the Suphia Composting) Sethack from the East Lot Line Sethack from the South to Line Sethack from the West Lot Line Sethack from the South as a south we will be constructed as a south way a large and answered corner. or extended to a second answered set incomers expense. For the parameter or construction of a structure more than the 100 feet of the minimum results that the sethack of the proposed Location(s) of New Construction of a structure more than the 100 feet of the south on the proposed Location(s) of New Construction of a structure more than the 100 feet of the south on the proposed Location(s) of New Construction of a structure more than the proposed Location(s) of New Construction of American and the proposed Location(s) of New Construction of American and the proposed Location(s) of New Construction Construction of American Location(s) of New Construction Const
were Property Lines where Property Lines pected by: M. Futful percent No -(If No they need to be attach Cony Wetfunda A C A Officialit: Hold For Affidavit: Hold For Af	Plot Plan Plot Plan and (*) Frontage Road (Name Frontage Road) Kruttures on your Property (*) Septic Tank (ST); (*) Orain Field (DF); (*) Holding To River; (*) Stream/Creek; or (*) Pond River; (*) Pon
Represented by Owner Office Control of News Property Surveyed Coning District (R-1) Lakes Classification (NH) Date of Re-Inspection: Ed.) Date of Re-Inspection: Date of Re-Inspection:	ank (HT) and/or (*) Privy (P) a WA-L FOR EST b R Smust be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. is must be approved by the Planning & Zoning Dept. Weasurement Aff Rect Aff Rect Affloavit Privy (P), and Well (W). Affloavit Required I Yes Affloavit Required I Yes Affloavit Rect I Yes Affloavit Required I Yes Affloavit Rect I Yes Affloavit Required